

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33403

FILED OCT 4 1952

State File No.

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

8866

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

2159

d. FULL NAME OF HOSPITAL OR INSTITUTION **Enroute to Alexian Bros. Hospital**d. STREET ADDRESS (If rural, give location) **5417 Dewey Ave.**

0

3. NAME OF DECEASED (Type or Print)

a. (First)

PAUL

b. (Middle)

A.F.

c. (Last)

SCHRADER

4. DATE OF DEATH (Month) (Day) (Year)

Sept. 20, 1952

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 29, 1888

9. AGE (In years last birthday)

63

10. IF UNDER 1 YEAR Months

11. IF UNDER 1 YEAR Days

12. IF UNDER 1 YEAR Hours

13. IF UNDER 1 YEAR Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Baker

10b. KIND OF BUSINESS OR INDUSTRY

Wholesale Grocery

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Otto Schrader

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Frieda Anna Lempe Schrader

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

Mrs. Frieda A. Schrader, 5417 Dewey Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

4201

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:20 P.m.**, from the causes and on the date stated above.

23. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Sept. 24, 1952

24c. NAME OF CEMETERY OR CREMATORY

Concordia

24d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

DATE REC'D BY LOCAL REG.

SEP 23 1952

REGISTRAR'S SIGNATURE

J. C. Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Beiderwieden F.H. Inc., 1936 St. Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Max L. Garfel

Licensed Embalmer No. *4170*

P. O. Address *St Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.